

To: All Providers

RE: Preferred Drug List Update

Effective January 1, 2008, the Alabama Medicaid Agency will update our Preferred Drug List (PDL) to reflect the recent Pharmacy and Therapeutics (P&T) recommendations as well as quarterly updates. The updates are listed below:

PDL Additions	PDL Deletions*
Vyvanse -Behavioral Health-Cerebral Stimulants/Agents for ADD/ADHD	Omnicef -Anti-infective Agents/Cephalosporins
	Proventil -Respiratory/Sympathomimetics
	QVAR -Respiratory/Inhaled Corticosteroids
	Sinequan -Behavioral Health/Antidepressants
	Sular -Cardiovascular Health/Calcium Channel Blockers
	Surmontil -Behavioral Health/Antidepressants

** denotes that these brands will no longer be preferred but are still covered by Alabama Medicaid and will require Prior Authorization (PA). Available covered generic equivalents will remain preferred.*

The PA request form and criteria booklet, as well as a link for a PA request form that can be completed and submitted electronically online, can be found on the Agency website at www.medicaid.alabama.gov and should be utilized by the prescribing physician or the dispensing pharmacy when requesting a PA. Hard copy PA requests may be faxed or mailed to:

Health Information Designs (HID)
Medicaid Pharmacy Administrative Services
P. O. Box 3210
Auburn, AL 36832-3210
Fax: 1-800-748-0116
Phone: 1-800-748-0130

Incomplete PA requests or those failing to meet Medicaid criteria will be denied. If the prescribing physician believes medical justification should be considered, the physician must document this on the form or submit a written letter of medical justification along with the prior authorization form. Additional information may be requested. Staff physicians will review this information.

Policy questions concerning this provider notice should be directed to the Pharmacy Program at (334) 242-5050. Questions regarding prior authorization procedures should be directed to the HID help desk at (800) 748-0130.

December 6, 2007